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September 25, 2001

To: Deaf-Blind Multiple Disabilities (DB-MD) Waiver Providers

Subject: DB-MD Policy Clarification No. 2001-01  
Appropriation Riders, 77<sup>TH</sup> Legislative Session

This policy clarification provides information related to the appropriation riders from the 77<sup>th</sup> Texas Legislature that affect services in the Deaf-Blind Multiple Disabilities (DB-MD) Medicaid Waiver Program.

- **Rider 7. Nursing Home Provisions**
  - b. Limitation of Per Day Cost of Alternate Care
  - (2) The department may not disallow or jeopardize community services for individuals currently receiving services under Medicaid waivers if those services are required for that individual to live in the most integrated setting and the exemption complies with the federal Health Care Financing Authority's cost-effectiveness requirement.
- **Rider 37. Promoting Independence.**

It is the intent of the legislature that as clients relocate from nursing facilities to community care services, funds will be transferred from Nursing Facilities (NF) to Community Care Services to cover the cost of the shift in services.

The riders are effective September 1, 2001. Texas Department of Human Services (DHS) has proposed rules related to the riders for the DB-MD Waiver Program that will not be adopted as final rules prior to September 1<sup>st</sup>. In the interim period between the effective date of the riders and the effective date of the rules, the following procedures will be utilized in the DB-MD program to ensure compliance with each of the appropriation riders:

**Rider 7 b. (2):**

Denials will not be made based on a participant's Individual Plan of Care (IPC) total annual cost exceeding \$59,750.00. Requests for a DB-MD WAIVER participant's IPC to exceed the amount will be considered by the Interdisciplinary (IDT) Team based on the individual participant's need for the requested service(s) to continue living in the most integrated setting in the community.

The Case Manager must ensure that non-waiver resources have been exhausted. The IDT should review the IPC to determine if the amount allocated for each service area are still needed and make adjustments as needed. If the requested service(s) is approved by the IDT, and the annual total cost estimate exceeds \$59,750.00, the Case Manager must submit the IPC to the DHS Deaf-Blind Program Consultant for review and approval. Approvals will be considered based on the individual's need for the service(s) to continue living in the most integrated setting in the community.

Rider 7.b (2) applies to individuals receiving services within the program. The cost ceiling for DB-MD continues to apply as eligibility criteria for enrollment into the program. After an individual is enrolled and receiving services, then the rider does apply to the individual.

**Rider 37:**

Individuals residing in a Texas NF, who are enrolled in Medicaid may request while residing in the NF to relocate into a community care service. The individuals must meet all eligibility criteria for Community Care Services before relocating back to the community.

An individual may request services in the DB-MD Medicaid Waiver program. If the individual meets the eligibility criteria for the DB-MD Waiver program, the individual may receive DB-MD services in the community when the individual transfers from the nursing facility into the community. DHS will transfer NF funds to Community Care Services to cover the cost of the shift in services.

Individuals entering a community care service/program through provisions of Rider 37 will not affect the number of individuals the particular community care program may serve through its funding source (i.e.: DB-MD, 1915(c) Waiver funds).

Should you have questions regarding the information provided, please contact Steve Schoen, the Deaf-Blind Multiple Disabilities Medicaid Waiver Program Consultant at 512-438-2622.

Sincerely,

*signature on file*

Becky Beechinor  
Assistant Deputy Commissioner  
Long Term Care Services

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